



App. #

APPLICATION FOR FREE SCHOOL MILK 2008-2009

To apply for free milk, complete this form, sign it and return it to the school.
If you have any questions, or need help to fill this form out, please call the school.

Part 1. List each child's information. If the child(ren) has a Food Stamp or Reach Up case number, list the number below, then SKIP TO Part 4 of this form. Do not list a Medicaid number.					
FULL NAME(S) of student(s)	Name of School	Grade	Food Stamp Case # or Reach Up Case #		
Part 2. [] Check here if this application is for a FOSTER CHILD (is the legal responsibility of a welfare agency or court): List the child's monthly personal use income. (Write "0" if the child has no personal use income), then SKIP TO Part 4 to sign this form. \$					
Part 3. INCOME Eligibility (If you completed Food Stamp or Reach Up section of Part 1 or completed Part 2 above, skip to Part 4)		Enter the amount of gross income of each household member (before taxes or anything else is taken out) and state how often it is received (monthly, weekly, every two weeks.)			
Name of household member List names of all household members, including students listed above	Gross Earnings from work – before deductions	Child Support Alimony	Social Security Pensions Retirement	Any other Income	Check if NO income
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Part 4. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.					
Signature of Parent or Legal Guardian		Social Security Number* (if none, write "none")			
Street/Apt No.		Home Phone			
		Work Phone			
City/State/Zip		Date Signed			

*PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp or Reach Up case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or Welfare office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

Other Benefits: For information on free or low-cost Dr. Dynasaur health insurance for kids, call 1-800-250-8427. For information on food stamps to help with food costs, call 1-800-287-0589. For information about Food Stamps check out the web site at www.vermontfoodhelp.com.

FOR SCHOOL USE ONLY OR DO NOT WRITE BELOW THIS LINE					
Total Household Size:	Total Income _____ Per Time Period __Year __Month __2XMonth __Every 2 Weeks __Week	NOTE: Annual Income Conversion: Weekly x 52 Every 2 weeks x 26 Twice a Month x 24 Monthly x 12			
To be valid, this form must be signed and dated.		Eligibility Determination (Check the box and circle the reason)	[] Free [] Denied Food Stamp Over Income Reach Up Incomplete Form Foster Child [] Temporary Approval until _____ Income Eligible Date		
Signature of Approving Official _____			Date _____		
Signature of Confirming Official _____			Date _____		

INSTRUCTIONS FOR APPLYING**Use a separate application for each foster child. List other children together.****If your household receives FOOD STAMPS OR REACH UP, follow these instructions:****Part 1:** List each child's name, school grade, and Food Stamp or Reach Up case number. (NOTE: a Dr. Dynasaur or Medicaid number does not qualify your child for free school meals. Do not enter a Medicaid case number.)**Part 2:** Skip this part.**Part 3:** Skip this part.**Part 4:** Sign the form. A Social Security number is not necessary if you are listing a food stamp or Reach Up case number.**Note: The Food Stamp Program sends a letter to your child's school district that shows that he/she is eligible for free school meals unless you told the Food Stamp Program not to send the letter. The school then sends a letter to you saying that your child(ren) has been pre-approved for free meals. If you received this letter you do not need to complete this application form.****If you are applying for a FOSTER CHILD, follow these instructions:****Part 1:** List the child's name, school and grade.**Part 2:** Check the box and list the child's personal use monthly income, if any.**Part 3:** Skip this part.**Part 4:** Sign the form. A Social Security number is not necessary for foster parents signing this form.**ALL OTHER HOUSEHOLDS, follow these instructions:****Part 1:** List each child's name, school, and grade.**Part 2:** Skip this part.**Part 3:** Follow these instructions to report **total household income** from last month.**First Column –Name:** List the first and last name of **each person** living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children including the child(ren) you are applying for. Attach another sheet of paper if you need to.**Remaining Columns –** List the types of income your household members receive **and how often the person receives it** (for example, every week, every two weeks, twice a month, monthly, yearly.)

- **Earnings from work:** List the **gross income** each person earns, **OR** each person's normal income if earnings vary. Gross income is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your employer can tell you. Report net income for self-owned businesses and farms.
- **Child Support, Alimony, Welfare:** Report payments actually received. Do not report a minus amount for payments made to another household.
- **Social Security, Pensions, Retirement:** Report gross income received from these sources.
- **Other Income:** List the total amount each person received last month from **all other sources**. Include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, rental income, or regular contributions from people who do not live in your household, and **ANY OTHER INCOME**. Next to the amount, write how often the person received it.

Part 4: An adult household member must sign the form and list his or her Social Security Number. Write "**none**" **only** if he or she doesn't have a Social Security number.**Income Eligibility Guidelines for Free Milk**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Your children qualify for free school milk if your household income falls within the limits on this chart.
1	13,520	1,127	564	520	260	
2	18,200	1,517	759	700	350	
3	22,880	1,907	954	880	440	
4	27,560	2,297	1,149	1,060	530	
5	32,240	2,687	1,344	1,240	620	
6	36,920	3,077	1,539	1,420	710	
7	41,600	3,467	1,734	1,600	800	
8	46,280	3,857	1,929	1,780	890	
For each additional household member add	4,680	390	195	180	90	